ARIZONA STATE BO	OARD OF HEALTH
BUREAU OF VITA	State File No.
1. PLACE OF BIRTH STANDARD CERTIF	ICATE OF BIRTH Registered No. // C
County Gela, State Rayon	
	or Village
City Manni No Rolling between Canyon Horn Inday Ward	
2. Full name of child. Undell Refer phase supplemental report, as directed.	
3. Sex of Child To be answered ONLY in event of plural	6. Legitimate? 7. Date of birth March 12 197
Male births.) 5. No., in order of birth.	Month Day Year
8. FATHER Full name John JunaCy Johnson	14. Full maiden name Inc MOTHER 15. Residence (Usual place of abode) Lander Mrann
9. Residence (Usual place of abode) If non-resident, give place and state.	15. Residence (Usual place of abode) Fandla Mann. If non-resident, give place and state.
10. Color or race White 11. Age at last birthday 33 (Years)	16. Color or race
11. Age at last birthday(Years)	17. Age at last birthday 5 (Years)
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country) Tucas	(State or country)
13. Occupation Cartenter	19. Occupation House 1
13. Occupation Carpenter Nature of industry Capper mul	Nature of industry
,	
(Taken as of time of birth of child herein (b) Born alive by	nd now living 21. Were precautions taken against op the ut now dead thalmia neonatorum.
	0 49
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was(I	altyl at 2:35 m. on the date above stated.
* When there was no attending physician	to the minde
etc. should make this return. A stillborn child is one that neither breathes nor	mD
shows other evidence of life after birth.	(Physician or-midwife)
Given name added from a supplemental report Month, day, year Address	
Filed MCh 20 1928 (B. 6. 0)	
Registrar. Registrar.	
6/5-3/2-295	